

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

02

2010

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of

5. Covering Period

11

23

2010

through

12

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Anderson

Signature of Treasurer

Electronically Filed by Brent Anderson

Date

01

06

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	77412.05
(b) Cash on Hand at Beginning of Reporting Period .....	302559.85	
(c) Total Receipts (from Line 19) .....	6442.00	2909750.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	309001.85	2987162.80
7. Total Disbursements (from Line 31) .....	82542.69	2785310.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	226459.16	201852.05
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	5660.20	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	7450.00	1820496.50
(ii) Unitemized .....	-2808.00	54652.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4642.00	1875149.38
(b) Political Party Committees .....	0.00	55.00
(c) Other Political Committees (such as PACs) .....	1800.00	85722.37
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6442.00	1960926.75
12. Transfers From Affiliated/Other Party Committees .....	0.00	948824.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6442.00	2909750.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6442.00	2909750.75

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	61294.12	1478136.87	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	61294.12	1478136.87	
22. Transfers to Affiliated/Other Party Committees.....	21248.57	21248.57	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	677026.52	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	608898.79	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	608898.79	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	82542.69	2785310.75	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82542.69	2785310.75	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6442.00	1960926.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6442.00	1960926.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61294.12	1478136.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	61294.12	1478136.87

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Ahlstrom

Mailing Address 34 Washington St

City

Bedford

State

MA

Zip Code

01730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187353

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Paul A. Barringer

Mailing Address 32 Sagamore Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187341

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Theodore Charles

Mailing Address 65 Eastern Point Blvd.

City

Gloucester

State

MA

Zip Code

01930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Investors Capital

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187404

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Allan Chin

Mailing Address 7 Truman Rd

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 1 0

Transaction ID: 10106.C187453

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Sherryl Cohen

Mailing Address 680 Salem End Road

City

Framingham

State

MA

Zip Code

01702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 10106.C187448

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David Dearborn

Mailing Address 16 Beaver Pond Rd

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187408

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles Fuller

Mailing Address 33 High Ridge Road

City

Boxford

State

MA

Zip Code

01921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fraen Corp

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187322

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Howard Gardner

Mailing Address PO Box 697

City

North Andover

State

MA

Zip Code

01845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 10106.C187447

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy Ghareeb

Mailing Address 91 MacArthur Rd.

City

Stoneham

State

MA

Zip Code

02180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187395

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

George Haynes

Mailing Address 1 Broken Tree Road

City

Medway

State

MA

Zip Code

02053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187381

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bernhard Heersink

Mailing Address 281 High Street

City

Newburyport

State

MA

Zip Code

01950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187274

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Lawrence

Mailing Address 24 Jackson Pond Road

City

Dedham

State

MA

Zip Code

02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187398

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Winford Nowell

Mailing Address 8 Rollins St.

City

Groveland

State

MA

Zip Code

01834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187390

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Microsoft PAC

Mailing Address 16011 NE 36th Way

City

Redmond

State

WA

Zip Code

98073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 10106.C187436

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Bradlee Perry

Mailing Address 865 Central Ave.  
Apt k-109

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187285

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur Ryan

Mailing Address 119 Mt. Pleasant Ave.

City

Gloucester

State

MA

Zip Code

01930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187287

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Francis Sears

Mailing Address PO Box 579

City

Hamilton

State

MA

Zip Code

01936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paine Webber

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187317

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gilbert Steward

Mailing Address 137 Larch Row

City

Wenham

State

MA

Zip Code

01984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187280

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Clifford F. Washer

Mailing Address 2 Great Rd

City

Bedford

State

MA

Zip Code

01730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10106.C187364

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

7450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Political Committee

Occupation

FEC ID: C00003418

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

29800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 10106.C187410

Amount of Each Receipt this Period

1800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

1800.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First Street SE  
DO NOT MAIL

City Washington State DC Zip Code 20003

Purpose of Disbursement  
IN KIND: FOR VOIP PHONES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.C187410IK

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

1800.00

B.

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8

City Boston State MA Zip Code 02127

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.E12777

Date of Disbursement

11 / 25 / 2010

Amount of Each Disbursement this Period

546.46

C.

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8

City Boston State MA Zip Code 02127

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.E12778

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

273.68

SUBTOTAL of Disbursements This Page (optional) .....

2620.14

TOTAL This Period (last page this line number only) .....

C. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12778**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Tim Buckley	<b>Transaction ID:</b> 10106.E12779 <b>Date of Disbursement</b>																				
Mailing Address 55 W Broadway #8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	1	0												
City Boston State MA Zip Code 02127	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL	<table border="1"> <tr> <td colspan="10">237.62</td> </tr> </table>	237.62																			
237.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Buckley	<b>Transaction ID:</b> 10106.E12780 <b>Date of Disbursement</b>																				
Mailing Address 55 W Broadway #8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	1	0												
City Boston State MA Zip Code 02127	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL	<table border="1"> <tr> <td colspan="10">183.72</td> </tr> </table>	183.72																			
183.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ryan Coleman	<b>Transaction ID:</b> 10106.E12744 <b>Date of Disbursement</b>																				
Mailing Address 9 Stearms Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	1	0												
City Swampscott State MA Zip Code 01907	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">526.19</td> </tr> </table>	526.19																			
526.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**947.53**

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12779**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

B. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12780**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.E12790

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

469.21

B.

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.E12791

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

373.15

C.

Full Name (Last, First, Middle Initial)

Tarah Donoghue

Mailing Address 3 Main Street

City  
Dover

State  
MA

Zip Code  
02030

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.E12776

Date of Disbursement

11 / 24 / 2010

Amount of Each Disbursement this Period

1538.71

SUBTOTAL of Disbursements This Page (optional) .....

2381.07

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12790**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

B. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12791**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12745

Date of Disbursement

11 / 24 / 2010

Amount of Each Disbursement this Period

630.68

B.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12746

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

630.70

C.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12747

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

630.70

SUBTOTAL of Disbursements This Page (optional) .....

1892.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City State Zip Code  
Brookline MA 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12748

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

630.69

B.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City State Zip Code  
Boston MA 02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12749

Date of Disbursement

11 / 24 / 2010

Amount of Each Disbursement this Period

955.50

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City State Zip Code  
Boston MA 02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12750

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

955.49

SUBTOTAL of Disbursements This Page (optional) .....

2541.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12751

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

955.50

B.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12752

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

955.50

C.

Full Name (Last, First, Middle Initial)

John Hemsley

Mailing Address 45 Grove St. Apt 1

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12783

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

85.58

SUBTOTAL of Disbursements This Page (optional) .....

1996.58

TOTAL This Period (last page this line number only) .....

C. Form/Schedule : **SB21b**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

Transaction ID : **10106.E12783**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Hemsley

Mailing Address 45 Grove St. Apt 1

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12784

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

321.04

B.

Full Name (Last, First, Middle Initial)

John Hemsley

Mailing Address 45 Grove St. Apt 1

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12785

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

1050.19

C.

Full Name (Last, First, Middle Initial)

John Hemsley

Mailing Address 45 Grove St. Apt 1

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12786

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

908.86

SUBTOTAL of Disbursements This Page (optional) .....

2280.09

TOTAL This Period (last page this line number only) .....



A. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12784**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

C. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12786**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City Quincy State MA Zip Code 02170

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12753

Date of Disbursement

11 / 24 / 2010

Amount of Each Disbursement this Period

1013.20

B.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.

City Boston State MA Zip Code 02134

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12754

Date of Disbursement

11 / 24 / 2010

Amount of Each Disbursement this Period

546.46

C.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.

City Boston State MA Zip Code 02134

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12755

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

187.56

SUBTOTAL of Disbursements This Page (optional) .....

1747.22

TOTAL This Period (last page this line number only) .....

C. Form/Schedule : **SB21b**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

Transaction ID : **10106.E12755**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Nathan Little	<b>Transaction ID:</b> 10106.E12756 <b>Date of Disbursement</b>																				
Mailing Address 83 Congreeve	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	1	0												
City Boston State MA Zip Code 02131	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2140.16</td> </tr> </table>	2140.16																			
2140.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Nathan Little	<b>Transaction ID:</b> 10106.E12757 <b>Date of Disbursement</b>																				
Mailing Address 83 Congreeve	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Boston State MA Zip Code 02131	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2134.50</td> </tr> </table>	2134.50																			
2134.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Nathan Little	<b>Transaction ID:</b> 10106.E12758 <b>Date of Disbursement</b>																				
Mailing Address 83 Congreeve	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	0		2	0	1	0												
City Boston State MA Zip Code 02131	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2134.51</td> </tr> </table>	2134.51																			
2134.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6409.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve

City  
Boston

State  
MA

Zip Code  
02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.E12759

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

2134.50

B.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
Apt 1

City  
Boston

State  
MA

Zip Code  
02129

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.E12760

Date of Disbursement

11 / 24 / 2010

Amount of Each Disbursement this Period

1136.59

C.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
Apt 1

City  
Boston

State  
MA

Zip Code  
02129

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10106.E12761

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

1136.58

SUBTOTAL of Disbursements This Page (optional) .....

4407.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
Apt 1

City Boston State MA Zip Code 02129

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12762

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

1136.59

B.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
Apt 1

City Boston State MA Zip Code 02129

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12763

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

1136.59

C.

Full Name (Last, First, Middle Initial)

Charles Pearce

Mailing Address 7 Linden St

City Ipswich State MA Zip Code 01938

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12781

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

235.64

SUBTOTAL of Disbursements This Page (optional) .....

2508.82

TOTAL This Period (last page this line number only) .....

C. Form/Schedule : **SB21b**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

Transaction ID : **10106.E12781**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles Pearce

Mailing Address 7 Linden St

City  
Ipswich

State  
MA

Zip Code  
01938

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12782

Date of Disbursement

/   /

Amount of Each Disbursement this Period

502.37

**B.**

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12764

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1515.61

**C.**

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City  
Cambridge

State  
MA

Zip Code  
02138

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12765

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1515.62

**SUBTOTAL** of Disbursements This Page (optional) .....

3533.60

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12782**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City State Zip Code  
Cambridge MA 02138

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 10106.E12766

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1515.61

**B.**

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City State Zip Code  
Cambridge MA 02138

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 10106.E12767

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1515.64

**C.**

Full Name (Last, First, Middle Initial)

Marco Schiavo

Mailing Address 8 Elm Street LLC  
352 Sprague St

City State Zip Code  
Dedham MA 02026

Purpose of Disbursement  
REGIONAL OFFICE RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 10106.E12792

Date of Disbursement

/   /

Amount of Each Disbursement this Period

354.16

**SUBTOTAL** of Disbursements This Page (optional) .....

3385.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Vitale

Mailing Address 3 Gladstone St

City  
Wakefield

State  
MA

Zip Code  
01880

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12787

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

314.73

**B.**

Full Name (Last, First, Middle Initial)

Matthew Wood

Mailing Address 33D Westvale Meadows

City  
Concord

State  
MA

Zip Code  
01742

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12793

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

496.17

**C.**

Full Name (Last, First, Middle Initial)

Mike Yacobian

Mailing Address 64 Wellesley St

City  
Weston

State  
MA

Zip Code  
02493

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12773

Date of Disbursement

11 / 24 / 2010

Amount of Each Disbursement this Period

526.19

**SUBTOTAL** of Disbursements This Page (optional) .....

1337.09

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

Transaction ID : **10106.E12787**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Mike Jacobian

Mailing Address 64 Wellesley St

City  
Weston

State  
MA

Zip Code  
02493

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12774

Date of Disbursement

/   /

Amount of Each Disbursement this Period

109.47

**B.**

Full Name (Last, First, Middle Initial)

Mike Jacobian

Mailing Address 64 Wellesley St

City  
Weston

State  
MA

Zip Code  
02493

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12775

Date of Disbursement

/   /

Amount of Each Disbursement this Period

106.26

**C.**

Full Name (Last, First, Middle Initial)

Advantage Payroll Services

Mailing Address 747 Main Street #222

City  
Concord

State  
MA

Zip Code  
01742

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12768

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4358.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4573.73

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12774**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

B. Form/Schedule : **SB21b**  
Transaction ID : **10106.E12775**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> 10106.E12769 <b>Date of Disbursement</b>																				
Mailing Address 747 Main Street #222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	1	0												
City Concord State MA Zip Code 01742	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">205.14</td> </tr> </table>	205.14																			
205.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> 10106.E12770 <b>Date of Disbursement</b>																				
Mailing Address 747 Main Street #222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Concord State MA Zip Code 01742	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2531.40</td> </tr> </table>	2531.40																			
2531.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> 10106.E12771 <b>Date of Disbursement</b>																				
Mailing Address 747 Main Street #222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	0		2	0	1	0												
City Concord State MA Zip Code 01742	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2531.36</td> </tr> </table>	2531.36																			
2531.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5267.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> 10106.E12772 <b>Date of Disbursement</b>																				
Mailing Address 747 Main Street #222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												
City Concord State MA Zip Code 01742	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2531.36</td> </tr> </table>	2531.36																			
2531.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 10106.E12794 <b>Date of Disbursement</b>																				
Mailing Address 104 Canal Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	1	0												
City Boston State MA Zip Code 02114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CC PROCESSING FEES	<table border="1"> <tr> <td colspan="10">261.44</td> </tr> </table>	261.44																			
261.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 10106.E12795 <b>Date of Disbursement</b>																				
Mailing Address 104 Canal Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	1	0												
City Boston State MA Zip Code 02114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SVC CHARGE	<table border="1"> <tr> <td colspan="10">185.40</td> </tr> </table>	185.40																			
185.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2978.20

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 104 Canal Street

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
DEPOSIT CORRECTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12797

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10025.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Philip Miatkowski

Mailing Address 485 Foster St.

City  
North Andover

State  
MA

Zip Code  
01845

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10106.E12789

Date of Disbursement

/   /

Amount of Each Disbursement this Period

249.52

**SUBTOTAL** of Disbursements This Page (optional) .....

10274.52

**TOTAL** This Period (last page this line number only) .....

61082.50

B. Form/Schedule : **SB21b**

Bowdoin Square Exxon 239 Cambridge St. Boston, MA 02114

Transaction ID : **10106.E12789**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 45

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address Dwight D. Eisenhower Building  
310 First Street, Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement  
SEE LINE 12 - IN-KIND TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 10106.E12796

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2010

Amount of Each Disbursement this Period

21248.57

SUBTOTAL of Disbursements This Page (optional) .....

21248.57

TOTAL This Period (last page this line number only) .....

21248.57

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 44 / 45

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS ConnectNature of Debt (Purpose):  
Original Debt for telemar-  
keting non-fea

Mailing Address 7300 Hudson Blvd. Ste

City	State	ZIP Code
Saint Paul	MN	55128

Outstanding Balance Beginning This Period

3910.20

Transaction ID: LS91217.E11763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3910.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**1) SUBTOTALS** This Period This Page (optional).....

4410.20

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 45 / 45

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Lexis-Nexis

 Nature of Debt (Purpose):  
 Original debt for research  
 party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1250.00

2) **TOTALS** This Period (last page this line number only)..... ▶

5660.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

5660.20